

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	1/20/01
FORMALITY REVIEW	AK	931	02/05/01
RESPONSE FORMALITY REVIEW	ph	1020	5-2-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/20/01
2	✓	✓	10/20/01
3	✓	✓	10/20/01
4	✓	✓	10/20/01
5	✓	✓	10/20/01
6	✓	✓	10/20/01
7	✓	✓	10/20/01
8	✓	✓	10/20/01
9	✓	✓	10/20/01
10	✓	✓	10/20/01
11	✓	✓	10/20/01
12	✓	✓	10/20/01
13	✓	✓	10/20/01
14	✓	✓	10/20/01
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If more than 150 claims or 10 actions  
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